

EDUCATION COUNSELING RISK REDUCTION (ECRR) DOCUMENTATION

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| Date: ____/____/____ | |
| a) Help client (male or female) critically evaluate which contraceptive method is most acceptable and which method he/she can most effectively use. | Time spent: _____ (Minutes) |
| b) Assess and address other client personal considerations, risk factors, and behaviors that impact her/his use of contraception. | Time spent: _____ (Minutes) |
| c) Facilitate discussion of the male role in a successful use of chosen contraceptive method, as appropriate (for himself or for his female partner). | Time spent: _____ (Minutes) |
| d) Facilitates the client's contingency planning (the "back-up method") regarding the client's use of contraception, including planning for emergency contraception. | Time spent: _____ (Minutes) |
| e) Schedule follow-up appointments for birth control evaluation at or before 3 months, or as appropriate for the method chosen. | Time spent: _____ (Minutes) |
| Total Time Spent: _____ <div style="display: flex; justify-content: space-between;"> Provider (MD / ARNP) Signature _____ Date _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Educator (RN / MA) Signature _____ Date _____ </div> | |